

2007-2008 Teen Leadership Team (TLT) Application

Do you have what it takes to be a TLT? Checkout the information below to see if you've got the skills!

What's my role as a member of the TLT?

- Empowering fellow Montana teens to take action against Big Tobacco's lies and manipulations
- Serve as a role model for teens throughout the state
- Participate in, organize, and lead activities in your local community
- Solicit feedback and input from county or local youth coalition members
- Serve as a spokesperson for *reACT* upon request
- Assist in training, planning, and implementation of the yearly *reACT! Against Corporate Tobacco* teen summit

What are the requirements of being selected as a TLT?

- Be a Montana resident
- Be between the ages of 13 and 18
- Ability to:
 - Serve as a member of the TLT from September 2007 to August 2008
 - Take part in bi-monthly conference calls
 - Attend three TLT meetings tentatively scheduled for:
 - October 12-13, 2007
 - February 8-10, 2008
 - May 9-11, 2008
 - Attend the 3rd annual *reACT! Against Corporate Tobacco* teen summit June 17-20, 2008 at the University of Montana in Missoula
 - Check e-mail, mail, and phone messages on a weekly basis
 - Want to be a leader in the fight against corporate tobacco
 - Dedicate time to complete all *reACT* responsibilities and assignments

Termination of Teen Leadership Team members*

Termination does not happen very often however, there are certain duties that are important to maintaining an effective Teen Leadership Team and communication structure throughout *reACT*. It is with this in mind that there are certain duties required of our Teen Leadership Team member. If these responsibilities are not being met, it may be cause for termination. As TLT members if one or more of the following occur, the TLT member will be replaced:

Miss two consecutive unexcused meetings and not contact the *reACT* staff within three days
 A continual lack of participation on the local level
 A continual lack of communication with *reACT* staff

*MTUPP reserves the right to ultimate discretion regarding the dismissal from the TLT.



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Application Instructions:

Please complete the information listed below. We will notify all applicants of our selections the week of September 17, 2007. All youth who apply will be entered into our database, and informed of youth movement activities and opportunities for involvement.

All applications MUST be received by Friday August 31, 2007!

The application needs to be returned to Erin Kintop at the Montana Tobacco Use Prevention Program. There are three ways to submit your application. You may:

FAX to (406) 444-7465

MAIL to Montana Tobacco Use Prevention Program
1400 Broadway
PO Box 202951
Helena, MT 59620

ANY QUESTIONS? If so, just contact us using the info above, email ekintop@mt.gov or call (406) 444-7896. Good Luck and have fun!!

A) THE BASICS....WHO ARE YOU? WHERE ARE YOU FROM?

Name:

Age:

Date of Birth:

Gender: Male Female

School: Grade Level:

Mailing Address (street, city, zip)

County:

Home phone #:

Email address:

Parent/Guardian's name:

Parent/Guardian home and work phone #:

So, how'd you hear about us? (Just curious!)

Did you attend the *reACT! Against Corporate Tobacco* teen summit in June 2007?

To the best of your knowledge, are you able to attend all three Teen Leadership Team trainings (10/12-13, 1/8-10, and 5/9-11), the June (17-20) 2008 Teen Summit, and participate in bi-monthly conference calls?

Yes_____ No_____ If no, please explain:_____

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B) **FUN STUFF. WE WANT TO KNOW MORE ABOUT YOU! LET YOUR CREATIVITY FLOW AND TELL US.....**

My favorite part about going to school is.....

In 20 years I see myself..

If you could change one thing about yourself it would be:

3 things I'm super good at doing are:

My favorite movie, book, and band are...

ONE THING MOST PEOPLE DON'T KNOW ABOUT ME IS:

If you could go to dinner with one person, dead or alive, who would it be and why?

If I could go anywhere on vacation I would go to _____ because.....

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C) LET'S GET REAL....WHY DO YOU WANT TO BE PART OF THE TLT?

What does being part of the Teen Leadership Team mean to you?

What extracurricular activities are you involved in, if any? (Include both school-related and community activities)

Have you ever been involved with any other tobacco use prevention work? If so—tell us the basics: what, when and with whom?

What has been one of your greatest, personal or academic, accomplishments?

One reason I want to be involved in *reACT* as a TLT is.....

If I was a member of the TLT one thing I could contribute is.....

What does activism mean to you?

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What are some things you'd like to see *reACT* accomplish in the next year?

Have you had any previous leadership experience that you can bring to the Teen Leadership Team? If so please describe.

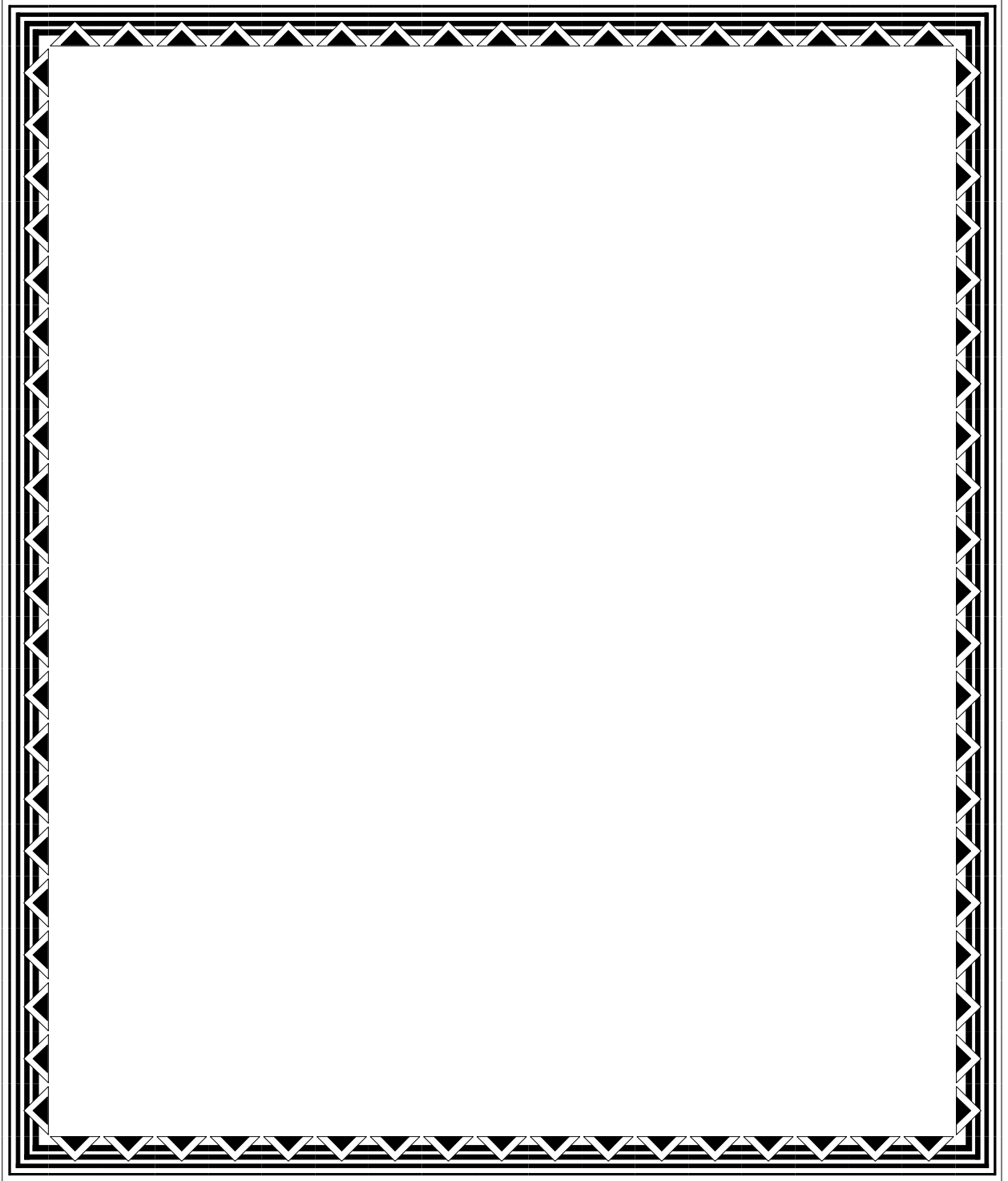
What does youth empowerment mean to you?

D) THIS IS YOUR TIME TO FREESTYLE!

Write it, rap it, rhyme it, whatever!
Just write down some general feelings about corporate tobacco here.

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Fill This Space:



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E) REFERENCE:

Please provide the name and contact information of one reference (over the age of 18) who will support you and your quest to be part of the Teen Leadership Team. References cannot include relatives.

Reference Name: _____

Mailing Address: _____

E-mail Address: _____

Telephone: _____ Relation to Applicant: _____

TEEN APPLICANT: *Please read and sign!*

I certify that the answers given here are true and complete. It's OK with me if you check all the statements contained in this application. In the event that I shall be accepted for participation in the program, I understand that false or misleading information given in my application or subsequent interviews may result in removal. I understand also, that I am required to abide by all rules and regulations of the program.

Applicant Signature _____ Date _____

PARENT/GUARDIAN:

I understand the purpose of the Montana Tobacco Use Prevention Program's *reACT!* Against Corporate Tobacco Teen Leadership Team and the commitment that it requires, and

I hereby give permission for my child to participate.

Printed Name: _____ Phone Number: _____

Signature: _____ Date: _____

Applicant Checklist

Completed Application (Parts A-E) ☐
Submitted by DATE ☐

